

# **EXHIBIT A**

**U.S. DISTRICT COURT FOR THE NORTHERN DISTRICT OF ILLINOIS  
ATTORNEY APPEARANCE FORM**

NOTE: In order to appear before this Court an attorney must either be a member in good standing of this Court's general bar or be granted leave to appear *pro hac vice* as provided for by Local Rules 83.12 through 83.14.

In the Matter of

Case Number: 07 C 6348

Central States, Southeast and  
Southwest Areas Pension Fund,  
and Howard McDougall

v.

CenTra, Inc., and Detroit International



AN APPEARANCE IS HEREBY FILED BY THE UNDERSIGNED AS ATTORNEY FOR:

Central States, Southeast and Southwest Areas Pension Fund, and Howard McDougall

NAME (Type or print) Richard L. Fenton	
SIGNATURE (Use electronic signature if the appearance form is filed electronically) s/ Richard L. Fenton	
FIRM SONNENSCHN NATH & ROSENTHAL, LLP	
STREET ADDRESS 7800 Sears Tower, 233 S. Wacker Drive	
CITY/STATE/ZIP Chicago, Illinois 60606	
ID NUMBER (SEE ITEM 3 IN INSTRUCTIONS) 3121699	TELEPHONE NUMBER (312) 876-8000
ARE YOU ACTING AS LEAD COUNSEL IN THIS CASE? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
ARE YOU ACTING AS LOCAL COUNSEL IN THIS CASE? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
ARE YOU A MEMBER OF THIS COURT'S TRIAL BAR? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
IF THIS CASE REACHES TRIAL, WILL YOU ACT AS THE TRIAL ATTORNEY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
IF THIS IS A CRIMINAL CASE, CHECK THE BOX BELOW THAT DESCRIBES YOUR STATUS. RETAINED COUNSEL <input type="checkbox"/> APPOINTED COUNSEL <input type="checkbox"/>	

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Central States, Southeast and Southwest Areas Pension Fund, and Howard McDougall

NAME (Type or print) Geoffrey J. Repo	
SIGNATURE (Use electronic signature if the appearance form is filed electronically) s/ Geoffrey J. Repo	
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ID NUMBER (SEE ITEM 3 IN INSTRUCTIONS) 6270488	TELEPHONE NUMBER (312) 876-8000
ARE YOU ACTING AS LEAD COUNSEL IN THIS CASE? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
ARE YOU ACTING AS LOCAL COUNSEL IN THIS CASE? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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NAME (Type or print) Frank P. Vanderploeg	
SIGNATURE (Use electronic signature if the appearance form is filed electronically) s/ Frank P. Vanderploeg	
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ID NUMBER (SEE ITEM 3 IN INSTRUCTIONS) 2885972	TELEPHONE NUMBER (312) 876-8000
ARE YOU ACTING AS LEAD COUNSEL IN THIS CASE? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
ARE YOU ACTING AS LOCAL COUNSEL IN THIS CASE? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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